

Indiana Annual Bingo and/or Pull Tab License Financial Report

Do Not Write Above

This report must be filed by the 10th day of the month in which your license expires.

Organization Name (Please type or print)						
Street Address of Principal Office (Do not enter a P.O. Box Number)						
City	State	Zip Code	County			
Organization Telephone Number		Taxpayer Identification Number (TID)				
Number of bingo events held during the 12-month accounting period:		Average attendance of each bingo event:				
	Report Inf	ormation				
This report should show all financial and accounting activity related to your Annual Gaming License. The accounting period is a 12-month period; the year-end will always occur one month prior to the end of the gaming period. For example, if your license expires 5/31/98, then your accounting period will be from 5/1/97 to 4/30/98. This financial statement will reflect your organization's accounting period and not the licensing period.						
Enter your accounting period: From	То					
NOTE: You must include a copy of your bingo event program (e.g. flyer listing the games at your bingo event) with this financial report. This should include the number of regular and special games and the cost of the game/event. Have you attached a copy of your bingo event program? Yes No If you answered no, attach an explanation.						
Ending Inventory Statement						
Section A						
Enter below the ending inventory of your pull tabs, punchboards and tip boards as of the last day of your accounting period. Attach Schedule CG-INV if additional space is needed. NOTE: Your license cannot be issued unless this information is provided.						
Name of Game	Number of Boxes Remaining	Serial Number of Game	Name of Manufacturer/Distributor			

Income and Expense Summary						
Gross Incom	<u>Expenses</u>					
	<u>c</u>	Prizes/Payouts:				
Income Sources:	1	Bingo	9			
Bingo	2	Pull Tabs	10			
Pull Tabs		Punchboards				
Punchboards	3		11			
Tip boards	4	Tip Boards	12			
Raffles	5	Raffles	13			
Door Prize		Door Prize	14			
Concessions	7	Supplies and Purchases:				
Other Gross Income	8	Bingo Game Supplies	15			
(Attach itemized sheet or listing)		Pull Tabs, Punchboards, and Tip Board Purchases	16			
		Other Purchases	17			
Section B		Miscellaneous Expenses:				
		Rent to Independent Lessor	18			
		Rental of Tangible Personal Property (i.e. chairs, tables,				
<u>Totals</u>	A	roulette wheel, bingo blower, etc.)	19			
Total Gross Income *add lines 1-8		Advertising	20			
*This amount will be used to calculate your fee.		Concessions	21			
		Other Gaming Related Expenses				
Total Expenses from line 23	В	Total Expenses: Add lines 9 through				
Total net proceeds available for charitable purposes (A minus B)	С	22. Enter here and on line B of Section B	23			
***Do *** 41 * 6						
***Do not altar lines on this form. The following is considered Pinge Income: Hethell Pickle Jon Cookie Jon etc.						
The following is considered Bingo Income: Hotball, Pickle Jar, Cookie Jar, etc.						
The sales of Daubers or other retail sales should be listed on Line 8. (Please list sources)						

	These amo	Char unts must hav	ritable Contr ve been earn				ng pro	ceeds.	
24. 25a.	4. Net proceeds from line C of the Income and Expense Summary, Section B, page 2						24.		
	These contributions <u>must</u> be made to organization(s)/(individual(s) other than your own. Details of these contributions need to be reported on Schedule CG-DIST.								
b.	o. Amount from Line 24 retained for and/or spent on your organization 25b. These funds must have been used for the lawful purpose of your organization.								
c. 26.	c. Add the amounts from Lines 25a and 25b and enter total here							25c. 26.	
			acturer and						
27. List the manufacturer(s) and/or distributor(s) from whom you purchased bingo supplies, pull tabs, punchboards, and boards. Attach additional sheets if necessary.						rds, and/or tip			
	Name	Address	-	City		State	Zip Co	ode	License Number
			Financia	l Informat	ion				
28.	Where are the charity gaming financial records maintained? Address								
	City	State Zip Cod			Zip Code	e			
29.	Name, address, and telephone number of the person maintaining these records. Name								
_	Address								
	City		State		Zip Code	e I		Telepho	one Number
30.	Organization's Banking Information (Attach additional sheets if necessary.) Name of Bank Street Address								
_	City		State		Zip Code	. (County		
	Name of Account		Account N	umber		Account (C		g, savin	gs, CD)
	Name of Gaming Account Account			umber	Type of Account (Checking, savings, CD)				
L								(Turn the page)

License Renewal Fees				
	ng your annual bingo license expiration date shown on		er, this report must be filed with the Department within	
		your organization's Annual L provide this information will r	icense. This fee is based on the gross income from your result in delays in licensing.	
Find this amount on t	the chart below in order to o		f your license renewal fee. The corresponding fee is the ucting your bingo events.	
If the amount on Li		The renewal feets	Check this hav if you are not	
At least	But Less Than	The renewal fee is:	☐ Check this box if you are not	
\$ 0	\$ 15,000	\$ 25	renewing your annual license.	
\$ 15,000	\$ 25,000	\$ 75		
\$ 25,000	\$ 50,000	\$ 200		
\$ 50,000	\$ 75,000	\$ 350		
\$ 75,000	\$ 100,000	\$ 600		
\$ 100,000	\$ 150,000	\$ 900		
\$ 150,000	\$ 200,000	\$ 1,200		
\$ 200,000	\$ 250,000	\$ 1,500	Enter the amount of	
\$ 250,000	\$ 300,000	\$ 1,800	your renewal fee\$	
\$ 300,000	\$ 400,000	\$ 2,500		
\$ 400,000	\$ 500,000	\$ 3,250	If you are renewing your bingo license, you must	
\$ 500,000	\$ 750,000	\$ 5,000	send this amount with this form along with a	
\$ 750,000	\$ 1,000,000	\$ 6,750	completed Form CG-2R. Make your check from	
\$ 1,000,000	\$ 1,250,000	\$ 8,500	your gaming account payable to: Indiana	
\$ 1,250,000	\$ 1,500,000	\$ 10,000	Department of Revenue.	
\$ 1,500,000	\$ 1,750,000	\$ 12,000		
\$ 1,750,000	\$ 2,000,000	\$ 14,000		
\$ 2,000,000	\$ 2,250,000	\$ 16,250		
\$ 2,250,000	\$ 2,500,000	\$ 18,500		
\$ 2,500,000	\$ 3,000,000	\$ 22,500		
\$ 3,000,000	\$	\$ 25,000		
	;	Signature and Notary State	ement	
		nis report and, to the best of m tion listing, Schedule CG-DIS	y knowledge and belief, it is true, complete and ST, if applicable.	
			()	
Signature of Presidin	g Officer		Date Daytime Telephone Number	
	n to before me, a Notary Pu of, 20_		County, State of Indiana,	
Notary Public, Writte	en Signature	Notary 1	Public, Printed Name	

Mail the completed report with all attachments and the remittance for the renewal license to: Indiana Department of Revenue, Charity Gaming Section, 100 N. Senate Ave., Indianapolis, IN 46204

County of Residence:

My Commission Expires:

Instructions for the Income and Expense Summary and Charitable Contribution Information Section of Form CG-8

IC 4-32-9-17 provides that an organization must maintain a separate and segregated bank account to deposit **all** gaming funds. All expenses attributed to the gaming event and all use of proceeds disbursements, must be paid from this separate account.

Excess money in the charity gaming account may **only** be used for the lawful purposes of the organization itself and/or distributed to other nonprofit organizations. This money should be transferred to the general account of the organization and distributed accordingly.

Gross Income

Your organization needs to report gross income from all sources of gaming-related activities. Gross income is total receipts without any adjustments for payouts and/or any other type of expense. Gross income is not the income that you will "bank" at the end of the evening; it is the money your organization receives before any payouts or prizes.

Expenses

Organizations need to report gaming-related expenses. Gaming -related expenses are expenses which are directly related to gaming. Examples include prize payouts, newspaper advertisements for your weekly bingo events, and the rental of a bingo blower. These expenses **must** be paid from the charity gaming account.

Charitable Contributions

Organizations must report the portion of the gaming income which was distributed for charitable purposes.

Line 25A - Other Distributions (Donation) - Report the amount of money which was given to other charities and nonprofit organizations. **Do not include the amount given to your own organization on this line (see line 25B instructions**).

You will need to attach Form CG-DIST. You have to list on this form the name of the organization/individual to whom the donation was given, their federal identification or social security number and/or nonprofit taxpayer identification number, and the date and amount of the donation.

Line 25B - This is the amount spent for the exempt purpose of your organization. A detailed listing of how these funds were spent and were set aside for a specific use should be kept with your records.

You must show the amount of money transferred by your organization from the gaming account to your general fund, and provide a list of the expenses not related to use of proceeds. Failure to provide this information will delay the approval of your license. Additional information may be requested.

Line 25C - Total Donations - Add lines 25A and 25B and enter the result here.